

MANAGED RISK MEDICAL INSURANCE BOARD
Healthy Families Program Advisory Panel Summary
Meeting of May 4, 2005
West Sacramento, California

Members Present: Jack Campana, Michael Kirkpatrick, Paul Morris, D.D.S., Elizabeth Stanley-Salazar, Iantha Thompson, Leonard Kutnik, M.D., William Arroyo, M.D., Ellen Beck, M.D., Maria Villalpando, Steven Tremain, M.D.

Staff Present: Lesley Cummings, Vallita Lewis, Sarah Soto-Taylor, Ernesto Sanchez, Carolyn Tagupa, Mary Watanabe, Isabel Rodriguez

Board Members: Virginia Gotlieb, M.P.H., Areta Crowell, Ph.D.

Introductions

Jack Campana, Healthy Families Program (HFP) Advisory Panel chair, opened the meeting by introducing himself and asking the Panel members, staff, and the audience to introduce themselves.

Welcome New Panel Members and Administer Oath of Office

Lesley Cummings, Executive Director for the Managed Risk Medical Insurance Board (MRMIB), stated that Janette Lopez, Deputy Director of Eligibility, Enrollment and Marketing for MRMIB, was out ill and Sarah Soto-Taylor would be filling in. Ms. Cummings administered the oath of office to William Arroyo, M.D., the Mental Health Provider Representative. Ms. Cummings welcomed Dr. Arroyo and added that these are important times in thinking about mental health services for HFP subscribers.

Review and Approval of the February 22, 2005 Healthy Families Program (HFP) Advisory Panel Meeting Summary

Elizabeth Stanley-Salazar requested that the following change be made to paragraph five on page ten:

“Ms. Stanley-Salazar asked that a report on mental health and substance abuse services that was sent to the Legislature be added to the agenda for the next meeting.” Ms. Stanley-Salazar noted that she had made a previous request to this effect and asked again that this report be added to the agenda for the next meeting. She said that she would provide a copy of the report to MRMIB.

Steven Tremain, M.D. requested the following change to the second paragraph on page six:

“It could be important to find out if coverage is not provided or if it is too ~~much~~ expensive.”

The Panel approved the February 22, 2005 Advisory Panel Meeting Summary with the requested amendments.

Budget Update

Ms. Cummings stated that the Governor’s Budget provided funding to restore the Certified Application Assistant (CAA) reimbursements and that the Board wanted to restart the program as soon as possible. AB 1396 (Garcia), an administration sponsored bill, would have established funds to restore CAA reimbursements in the current year, but it was put on suspense in Assembly Appropriations. Thus, Board has concluded that it will not be able to start CAA payments until the budget passes.

Michael Kirkpatrick asked when it was expected that CAA payments would restart. Ms. Cummings responded that if the budget is passed on July 1st, payments could begin shortly after that. She added that the CAA reimbursement program is new to the Board and MAXIMUS and would require system testing before implementation. MAXIMUS has agreed to begin the system changes even without funding in the current year.

Ellen Beck, M.D. asked if there was a risk of losing the funds for the budget year. Ms. Cummings said that there was not. Ms. Stanley-Salazar stated that AB 1396 (Garcia) would have provided funding for a three month period and asked where that money would have come from after that. Ms. Cummings responded that it is in the Governor’s Budget.

Ms. Cummings stated that the budget provides additional staffing to address the staff cuts and workload problems of the last several years. The budget provided 24 positions, but also calls for an unallocated reduction that would reduce ten to eleven of these new positions. The Legislative Analysts Office (LAO) recommended approval of 15 of these positions, but the Senate Budget Committee approved only 9. She added that the budget would go to the Assembly Budget Committee on Monday.

Leondard Kutnik, M.D. asked if the 9 positions approved by the Senate Budget Committee were in addition to the 10 in the budget. Ms. Cummings clarified that it would be 9 more positions than what the Board currently has instead of the 24 positions that the Board and the Governor’s Budget proposed.

Ms. Stanley-Salazar made a motion that the Panel write a letter to the Assembly Budget Sub Chair supporting the positions. Mr. Campana stated that the Panel did draft a letter to the Senate Budget Committee but it did not get there in time. He recommended that this letter be sent to the Assembly Chair, Assembly members and the Conference Committee.

Dr. Beck asked if sending such a letter went beyond the Panel's role to advise the Board. Ms. Stanley-Salazar stated that this is not lobbying and in order for the Board to meet its goals and objectives, the appropriate staffing resources are needed. Dr. Kutnik recommended that each Panel member get a copy of the letter and send it as individuals to the Legislative Budget Sub Committees. Board member Areta Crowell, Ph.D., stated that the Board has great concerns regarding the lack of staff and recommended that the Panel members, as citizens, contact their representatives. She added that at a minimum the Board needed the 15 positions recommended by the LAO, but it was preferable that the entire 24 positions be established.

Iantha Thompson asked what the net effect would be if the Board did not receive the 24 positions. Ms. Cummings responded that the Budget Change Proposal (BCP) was based on workload and a reduction in the number of positions would mean that the Board is less able to do the work. She cited the problem with the appeals backlog adding that the Board has tried to solve this problem with overtime but there has also been a loss in operating expense funding. The Eligibility Division has been working every other Saturday doing overtime on appeals, but it is difficult to maintain this pace and is based on staff's willingness to continue doing this. A reduction in the positions requested would mean that the Board would not be able to do onsite monitoring at MAXIMUS, there would be fewer positions in fiscal and appeals legislative function for the staff, and there would not be any additional staff.

Dr. Tremain asked how many people were coming in on Saturdays. Sarah Soto-Taylor, Eligibility, Enrollment and Marketing Division Manager for MRMIB, responded that on average four people come in every other Saturday. Dr. Tremain stated that given that overtime is time and a half benefits and positions could be justified as cost savings. Ms. Cummings replied that it took experience staff to deal with appeals.

Ms. Cummings stated that there would be an Assembly budget pre-hearing on Friday and the Committee was presently preparing the agenda. Thus, if the panel wanted to provide input to the budget deliberations, time was of the essence.

The Panel discussed the language for a possible letter. The Panel approved the motion made by Ms. Stanley-Salazar to send a letter from the Panel, as a whole, and for individual members to call or send a letter. The motion was unanimously approved. In addition, Mr. Jack Campana indicated he would forward a copy of the letter and contact information to Panel members.

Ms. Cummings stated that the Senate Budget Sub-Committee approved positions to assess the viability of the Healthy Kids buy-in. The Proposition 10 Commission funded three positions for this purpose and is very interested in the development of the Healthy Kids Programs. In addition, the trailer bill would allow the Board to implement the program if it is determined to be feasible. Ms. Cummings stated that she would have more information at the next meeting.

Ms. Cummings said that the implementation of the prenatal care option would take advantage of the Bush Administration's use of State Children's Health Insurance Program (SCHIP) dollars to cover pregnant women in the Access for Infants and Mothers (AIM) Program and to cover undocumented pregnant women in Medi-Cal. The budget assumes a savings from the use of SCHIP dollars in the current budget years. The Senate approved the proposal, but indicated that they wanted to review the State Plan Amendment (SPA) language first and adopted trailer bill language stating that pursuing these funds would not undercut state law regarding Roe vs. Wade.

Legislative Update

Ms. Cummings reviewed the State Legislative Status Report and highlighted the bills that impacted HFP. Ms. Cummings also presented a summary of AB 711 (Chan) that would expand HFP to uninsured parents.

Dr. Tremain asked what the reality was of AB 711. Ms. Cummings replied that it would require a significant amount of state funds to implement as well as federal funding that is no longer available.

MRMIB Appeals Update

Mrs. Soto-Taylor reported on the appeals backlog. The Eligibility Division currently has approximately 100 appeals in the Major Risk Medical Insurance Program (MRMIP) of which 45 are over 90 days old. There are approximately 400 appeals in AIM. She added that staff have identified cases that are not really appeals and these AIM cases will be handled by MAXIMUS. This will free up one analyst to assist with HFP appeals. There are currently over 2,000 HFP appeals of which 1,500 are over 90 days old. MAXIMUS is assisting MRMIB staff by putting together a case chronology. Most of the appeals are requests for payment of medical bills during a break in coverage that the member feels was unwarranted. Ms. Soto-Taylor stated that the Eligibility Division is now fully staffed after recent staff turnover. There has been extensive training of new staff but there is still a ramp up to get staff to full capacity. The Division has productivity goals in place for processing appeals, but they have been unable to meet them so far due to the program knowledge learning curve. Mrs. Soto-Taylor said that she is hoping to have two or three people working just on new appeals and will probably be going to mandatory overtime in the next month or two.

Dr. Kutnik asked what proof of income is needed for the self-employed, students with scholarships or loans, legal immigrants and those that work for cash. Mrs. Soto-Taylor stated that she would send this to the Panel.

Mr. Kirkpatrick asked if there were any changes in documentation requirements in the HFP application that is being redesigned. Mrs. Soto-Taylor replied that the application was improved to be easier to read, but there were no changes in the income documentation requirements.

AB 495 Update

Ernesto Sanchez, Special Projects Section Manager for MRMIB, stated that staff are in the process of finalizing the AB 495 Model Contract and will be sending a draft to the following counties that have been federally approved: San Mateo, San Francisco, Santa Clara and Alameda. The counties will have 30 to 60 days to review and respond with comments to the state. Counties will be able to draw down funds by approximately July 2005 and will be able to claim retroactive to January 2003. Santa Cruz and Tulare counties are interested in participating in the AB 495 program and have submitted proposals. There are other counties that want to implement Healthy Kids program that are in the planning stages. The Board is also working on a feasibility assessment of a county buy-in for counties that don't have the infrastructure to have their own Healthy Kids program.

Mr. Campana asked what this means for the counties. Mr. Sanchez replied that the state has had an excess allotment of federal funds and this would be a way for counties to draw down federal funds. The counties would put up the matching funds to draw down the two-thirds federal match. Many of the counties have been doing these programs for years and they would be able to draw down federal funds for funds they have already spent. The estimated initial year draw down is \$4 million. Mr. Sanchez added that this is only for SCHIP eligible children.

2004 Quality Measurement Report

Carolyn Tagupa, Research Program Specialist for MRMIB, presented a summary of the key findings of the Health Plan Quality Measurement Report for Services provided in 2003.

Mr. Campana stated that the scores for Follow-up After Hospitalization for Mental Illness are below the national average. William Arroyo, M.D. stated that there is a lack of communication between the mental health and primary care providers. He added that there is a lot of work to be done in this area to improve information exchange. Ms. Tagupa said that the health plans say that there is a communication problem between the plans and the counties.

Dr. Beck asked if there was an issue of availability of providers. Dr. Arroyo responded that there is definitely a resource issue because there are a limited number of child psychologists, the reimbursements are too low, many don't want to serve this population and there are systemic issues with the plans. Dr. Beck recommended that a case manager be assigned to these children. Dr. Arroyo responded that there is no reimbursement for that type of service. Dr. Tremain stated that scheduling a follow-up visit should be a discharge requirement. Ms. Tagupa stated that the plans were concerned that the children were seeing a provider for a follow-up visit, but the data was not being captured.

Dr. Arroyo stated that this measure may not be the best indicator for a quality program. Dr. Tremain asked if there were data that link a follow-up visit to quality management and added that this may not be a valid measure of how well the child is doing. Ms. Tagupa stated that the Health Plan Employer Data and Information Set (HEDIS) measures are not written for eighteen and under. Dr. Arroyo stated that in the last five years there has been a decrease in acute beds for mental illness and asked what is being measured if there are no beds. Dr. Tremain stated that there are no beds in Contra Costa County for acute adolescent care.

Dr. Arroyo stated that Dr. Crowell had him chair a group that looked into why there were not a lot of referrals to mental health providers in HFP. The group looked at screening instruments that seemed to be ideal, but when it came down to speaking to the Department of Health Services (DHS) and the providers, there was no additional money provided to do the screening.

Ms. Stanley-Salazar stated that there was a committee that worked on quality measures and this was the measure chosen for mental health. Dr. Kutnik stated that he was on the Quality Improvement Work Group and that HEDIS only has five questions. He added that what drove the process was what administrative data was available on the chart. He stated that there are no outcome measures, only service related measures, except for immunizations. This could change with electronic medical records.

Dr. Morris stated that there should be a dental quality measurement to see how the dental plans are doing, as well. Dr. Kutnik asked if he could recommend one because the Work Group was unable to find one before. Dr. Morris said that he would let the Panel know of one at the next meeting.

Dr. Beck stated that the PedsQL was a good outcome study and asked when there would be another one. Mr. Campana stated that the PedsQL was funded by the Packard Foundation and showed that health coverage is making a difference in the lives of children. Dr. Beck recommended that this survey be done again. Ms. Stanley-Salazar stated that the Panel should recognize the extreme limitations of staff and a demanding workload and that qualitative work is what falls by the wayside during budget cuts. She recommended that the Board look for partners, such as the health care foundations, that are interested in continuing these quality studies.

Ms. Stanley-Salazar stated that one of the most significant indicators is the Adolescent Well Care Visits. She added that children 11 years and up are hard to reach because they are not required to get immunizations and don't go to the doctor unless they are going to camp or in sports. Dr. Tremain stated that Alameda Alliance and San Francisco Health Plan are doing a good job of getting these kids into the provider. He asked that staff find out what their strategy is for getting adolescents into the doctor's offices and report back to the Panel at the next meeting. Ms. Tagupa stated that several plans started handing out movie tickets to adolescents who went to see their doctor, but this was a recent program that was not reflected in the report.

Vallita Lewis, Deputy Director for the Benefits and Quality Monitoring Division for MRMIB, stated that the Quality Improvement Work Group had recommended that the Board alternate conducting the Young Adult Health Care Survey (YAHCS) every other year in place of the Dental Consumer Assessment of Health Plans Survey (D-CAHPS). Unfortunately, the Board did not receive funding for these surveys in the budget.

Dr. Tremain stated that the medical field does not treat adolescents like customers, but everyone else does. Ms. Stanley-Salazar stated that this reinforces why resources are needed to do the work and to collect the data. Data is the core of administering the Program and necessary for evaluating the quality of the Program. She said that it is very frustrating to be a member of an Advisory Panel to an organization that doesn't have the resources it needs.

Dr. Kutnik stated that UHP Healthcare and Community Health Plan had universally and consistently low scores. He added that Community Health Plan seems to have an access problem. He asked what the Board is doing to bring them up to standard. He asked that an item be added to the agenda for the next meeting to discuss what penalties are in place and what corrective action is being taken. For UHP and Community Health Plan, he would like to see the enrollment numbers for the plan, their location and the corrective action plan. Ms. Stanley-Salazar asked what penalties and sanctions are allowed in the contracts and if they have been used to the maximum. Dr. Morris said that the burden should be put back on the administrator rather than on MRMIB.

Ms. Cummings provided copies of the letter Mr. Campana had drafted on MRMIB staffing issues. Dr. Beck asked that language be added to say that not approving the positions would directly and adversely affect the health of California's children and would result in future higher costs to the state. Mr. Campana requested that a copy be sent to the Board, as well. The Panel also indicated that Mr. Campana should send a letter of support for MRMIB positions to the members of the Budget Conference Committee, once they are appointed. Board Member Virginia Gotlieb thanked the Panel for taking immediate action as a group.

Enrollment, Disenrollment, and Single Point of Entry Reports

Mrs. Soto-Taylor reviewed the Enrollment, Disenrollment, and Single Point of Entry (SPE) Report for March 2005. Dr. Tremain stated that he would like to see the raw numbers for incomplete applications. Ms. Soto-Taylor replied that this information is available on the MRMIB website. Michael Lemberg with MAXIMUS stated that the number of applications that are incomplete at SPE is very low, but the number of incomplete applications received at HFP is approximately 75%.

Jose Carvajal with Alameda County Health Care asked why the applications were incomplete. Mrs. Soto-Taylor responded that the reasons were listed at the bottom of the report and more detailed information was available on the website. Mr. Sanchez

added that staff is working with MAXIMUS on refining ineligibility reasons report and that information would be available on the website shortly.

Administrative Vendor Update

Mrs. Soto-Taylor reviewed the Administrative Vendor Performance Report. Mr. Lemberg stated that at the last Board meeting the advocates complimented MAXIMUS for staying on top of the problems and stated that there has been a noticeable change in the last few months.

Dr. Beck stated that at the last meeting she had asked for specific examples of problems that occurred and how they were solved. She asked if this information was available. Mrs. Soto-Taylor responded that the Board is working with MAXIMUS on developing a management report that identifies problems warranting system changes. She added that this report would be presented to the Panel once it was developed. Ms. Cummings said that the focus is not so much on individual cases, but on trends. Mr. Lemberg added that on May 10 through 13, MAXIMUS was under going a certification process for International Organization for Standardization (ISO) 9000 certification. Mr. Sanchez added that ISO 9000 is an international quality management program and certification is required throughout the life of the contract and is an independent audit of the administrator's internal quality assurance and improvement process. There is also an Audit committee and third party auditor that provides independent analysis to the Board. He added that the initial audit committee is meeting to set priorities now.

Dr. Kutnik asked what internal quality assurance measures or activities are in place at MAXIMUS. Mr. Lemberg replied that the supervisors and leads review denials, they monitor and listen to staff and when problems occur, it goes into a preventive/corrective action system. Mr. Lemberg said that the ISO 9000 audit would be conducted by a contractor independent of MAXIMUS.

Dr. Beck asked if there had been an improvement in specific issues, like the receipt of multiple faxes. Mr. Lemberg responded that there has been a decrease in the problems with faxes, but that sometimes the system is too efficient. He gave an example of Health-e-Apps being processed immediately but prior to the linking of the subsequent income documentation faxes.

Maria Villalpando stated that at the last meeting the issue was raised regarding children who have a delay in eligibility because they are no longer eligible for Medi-Cal. She noted that Janette Lopez had sent the panel an e-mail on the topic and asked for an update on this issue. Ms. Cummings responded that the only thing MRMIB staff felt was in their control to improve county performance was to increase the number of MAXIMUS staff that work with counties. This would be a fiscal issue. Ms. Lopez has talked to the counties and found out that there is a reconciliation process that is taking place with the county welfare offices that would reduce these incidents. DHS establishes the performance standards for counties so there isn't anything the Board can do to make the counties perform better. The Board is looking at using staff at

MAXIMUS who work with the counties to be a contact on these issues. Ms. Lopez is doing an assessment of the impact of this additional workload.

The Panel requested that strategic planning be added to the agenda for the August meeting, but requested that a small committee of Panel members meet by teleconference prior to the August meeting to plan the discussion. Dr. Beck asked that Ms. Cummings be included in this discussion.